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ABSTRACT

This paper discusses the development of evaluation strategies for a nonprofit child abuse prevention agency in Maryland. The Family Tree, an organization associated with National Parents Anonymous and the National Exchange Club Foundation for the Prevention of Child Abuse, serves more than 15,000 people per year through community training, parenting education, and home visitation programs. With the participation of its staff, the Family Tree identified an overall agency outcome plan. In addition, each of the agency's four core programs created linking outcome logic models. A participatory approach was used throughout the process with facilitation from an outside consultant. The results are a new way of performing program functions and a fresh perspective on program planning. (Contains 5 figures and 15 references.) (SLD)

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Comprehensive Outcomes Planning: Strategies of a Non-Profit Child Abuse Prevention Agency

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Introduction

This paper will discuss the development of evaluation strategies for a non-profit child abuse prevention agency in Maryland. The Family Tree, an organization associated with National Parents Anonymous and the National Exchange Club Foundation for the Prevention of Child Abuse, serves over 15,000 individuals per year through community training, parenting education, and home visitation programs. With the participation of its staff, The Family Tree identified an overall agency outcome plan. In addition, each of the agency's four core programs created linking outcome logic models. A participatory approach was used throughout the process with facilitation from an outside consultant. What has resulted is a new way of doing business and a fresh perspective on program planning.

Literature Review

The Problem of Child Maltreatment

Child maltreatment is an issue of national importance that has a detrimental impact on our most vulnerable citizens. In 1993, there were over 1 million cases of child abuse and neglect confirmed by child protective services in the United States. Approximately 1,300 of these children died as a result of their abuse. Additionally distressing is that over 57 percent of children under 12 who are murdered are killed by a parent (American Psychological Association, 1996).

The issue of what constitutes child abuse or neglect remains undecided. According to a report by the National Center to Prevent Child Abuse (1997), "individual states continue to determine definitions of maltreatment…". Most social service agencies generally recognize child maltreatment as physical abuse, physical neglect, emotional abuse, or sexual abuse (Maryland Department of Social Services, 1998); however these terms can be defined differently by child protective services workers in different states. What does seem clear is that many families who are reported for child maltreatment have a number of other presenting problems, such as, substance abuse, economic strain, and domestic violence (National Center to Prevent Child Abuse, 1997).

The results of child maltreatment are evident by years of research. If the abuse is not deadly, it can lead to a number of physical and psychological problems. Repeat abuse can put some children at risk for physical problems such as brain and nerve dysfunction, developmental delays, and failure to thrive. Many studies have also shown that children who have been abused have a higher number of health problems, such as headaches, back pain, and gastrointestinal problems. As maltreated children grow to adolescence, it has also been shown that they are at a higher risk for low educational attainment, intervention by the criminal justice system, and suicide (American Psychological Association, 1996).

This being said, there have been many identified strategies that assist in the prevention of child abuse and neglect. Some propose to build more nurturing families through parent education training and home visitation programs (American Psychological Association, 1996; Packard Foundation, 1999). A number of public and private agencies around the country are working to identify what works best. In fact, a recent report was published describing six national research studies evaluating the effectiveness of home

visiting as a strategy. Three of the programs included the prevention of child abuse and neglect as one of their goals, with two finding a significant impact of their intervention on reducing child maltreatment. Since each study targeted families with various characteristics, however, it is difficult to tell which interventions might be successful if used more broadly (Packard Foundation, 1999).

Outcome Evaluation

Outcome evaluation has become a focus for many non-profit agencies in determining how their programs work. With pressure from funding agencies, government legislators, and a competitive environment, human service organizations are looking for an opportunity to prove what they believe they inherently know – that they improve the human condition. In fact, a number of national level organizations, such as, the United Way of America and Goodwill Industries have developed manuals on how to implement outcome evaluation (Plantz, Greenway, & Hendricks, 1997; United Way of America, 1996).

Outcome measurement sheds a new perspective on the benefits of human service programs by providing an opportunity to answer the question, "What happens to the recipient as a result of the program or intervention" (Friedman, 1997; Plantz, et.al. 1997; Salzer, Nixon, Schut, Karver, & Bickman, 1997; United Way of America, 1996). While organizations were previously asked about how many people were served and how much service was offered, it was faithfully believed that the person receiving the service gained a benefit (Plantz, et. al.,1997). However with the advent of research results such as those experienced by Headstart, that put into question the short and long term benefits of a widely heralded program, this ideal is no longer taken for granted.

The approaches to outcome measurement established in the literature are varied, but there are some common elements. As discussed by Nancy McDaniel (1996), there are six key stages in outcome measurement:

1) defining purpose and audience;
2) identifying target outcomes;
3) specifying measures;
4) identifying sources of data;
5) developing an implementation plan; and
6) using the information to change the organizational culture.

In addition, much of the discussion about the process of outcome measurement emphasizes the use of various stakeholders who can offer their unique perspective on the selection of outcomes (United Way of America, 1996). A main benefit of outcome evaluation is to make programs accountable to a number of different audiences, thus improving an organization's ability to communicate its results.

Participatory Evaluation

Along with the push to measure outcomes has come the emphasis to include stakeholders as participants in the evaluation process. In fact, the field of participatory evaluation (PE) has become such a hot topic that it was the sole focus of a 1998 volume of the journal, New Directions for Evaluation. There are various forms of evaluation linked to PE, such as, stakeholder-based evaluation, transformative participatory evaluation, and collaborative action research, but all emphasize the importance of utilizing multiple perspectives from members of a group who have a decided stake in the program (Cousins & Whitmore, 1998; King, 1998).

The benefits of PE are many, and primarily focus on the usefulness of evaluation results. In their article on, "Ethical Dimensions of Stakeholder Participation and Evaluation Use", Torres and Preskill (1999) discuss that stakeholder input can impact an evaluation in four ways:

1) by designing the evaluation to be more responsive to stakeholders' perspectives;
2) by increasing the validity of the evaluation through the discussions that clarify the meaning of constructs and study findings;
3) by increasing stakeholder ability to ask the right questions; and
4) by educating stakeholders to be good consumers of evaluation.

Although there continues to be some controversy over the objectivity and technical quality of PE, it has become widely used in the field and highly visible in the literature (Brisolara, 1998; Torres & Preskill, 1999).

Agency History

The Family Tree has been in existence since July 1997 and is the result of a merger between the local Maryland Parents Anonymous affiliate and the Child Abuse Prevention Center associated with the National Exchange Club to Prevent Child Abuse. Now the largest child abuse prevention agency in Maryland, The Family Tree was created to offer a broader continuum of services to families. The mission of the agency is to protect children by helping to develop healthy parents. The programs that support this mission include a 12 week parenting education course, an in-home visitation program, an adolescent parent program, and Parents Anonymous support groups.

The Positive Parenting Education Program (PPP) is a curriculum-based, 12 week parent education program conducted by trained and supervised community volunteers. Topics of instruction include positive parenting techniques, stress reduction, and self-awareness. A follow on service, Parenting And Teaching in the Home (PATH) is a staff and volunteer (8-24 visit) in-home support program provided to those who have participated in PPP and require additional assistance with improving family relationships and building parenting skills. Parents Anonymous is a program of on-going support groups facilitated by trained volunteer group leaders that assist parents in dealing with stress and improving parenting skills. The Parent Aides Nurturing and Discovering with Adolescents (PANDA) is a home and school based support and education program targeted at pregnant and parenting teens implemented by Parent Aides (trained mentors). These four programs make up the core of the Family Tree's parent support services, however the agency also offers a 24 hour Stressline, as well as, community and professional training.

Problem Statement

Pressured by funding agencies and their Board of Directors to illustrate a positive impact of their programs, The Family Tree decided to implement a strategy of comprehensive outcome planning. Two of the four core programs, PPP and PANDA, had been administering the Adult Adolescent Parenting Inventory in order to evaluate their impact on parenting skills. Much of the data was never utilized however, because staff lacked the knowledge of how to analyze and interpret the information. As a result, the agency decided to hire an outside consultant to facilitate and support the implementation of an agency wide outcome-based evaluation plan.

Methodology

The initial steps to this process included investigating the agency's level of participation in evaluation to date, as well as, developing a strategy for outcome development. It was determined that most of the staff had no knowledge in the area of research and evaluation. In addition, the evaluation strategies that had been implemented were completed primarily to appease funding agencies through program reports. The information was not being used to help programs in their planning efforts. In fact, data analyzed for the PANDA program by an outside evaluator was of little use to the staff because they could not interpret the findings and there was no formal briefing about the results by the evaluator.

Recommendations from this assessment supported the development of an agency-wide outcome strategy using a participatory approach. Because the agency had recently evolved as a merger of two separate organizations, the participatory process seemed particularly appropriate since it provided an opportunity for staff to come together to build consensus around an agency vision and purpose. It also allowed the opportunity for staff to become educated on program evaluation in order to become better consumers and users of outcome information.

Utilizing the Results-based Accountability (RBA) model developed by Mark Friedman (1997), a planning group of administrative and program staff was convened to develop an outcome plan. Although the RBA model was originally proposed for use by communities who were developing state and local planning entities, the concepts established in RBA were also found to be useful in this endeavor. The main purpose of

the approach is to define results[1], or "conditions of well-being for children, families, or communities"(Freidman, 1996 p.3), and to quantify how well these results are achieved through measurable indicators. The process was interpreted for this agency as defining agency-wide results expected for families who were participants in services of The Family Tree.

Beginning with a staff presentation on RBA and outcomes development in January 1998, The Family Tree initiated its first step in creating an overall agency outcome plan. The information on RBA was presented at a regularly scheduled staff meeting for all employees, so that even those who were not participating in the actual decision-making were informed about the work. Over the course of three months, a working committee of administrative staff selected by the Executive and Deputy Directors, met to brainstorm and prioritize agency outcomes. Strictly a democratic process, all ideas were voiced and noted on flip chart paper and priority outcomes were identified through multi-voting.

Broad outcome statements were selected first, and identified as "results". Because "results" are so difficult to reasonably define through indicators, a next level of sub-results were identified. These statements help describe more fully the intent of the results. Finally, a smaller group of staff began selecting indicators and measurement tools for each sub-result. Approximately two months was spent choosing indicators for each sub-result statement and researching and selecting appropriate measurement tools.

The next step in the process was to link each of the four core service strategies to the identified results and principals. In July 1998, a meeting was held for all program staff presenting the newly developed outcome plan and training them on concepts related

[1] The word result is used interchangeably with outcome.

to program evaluation. Each program was then encouraged to identify its own outcome plan using the United Way of America's logic model approach (1996), including agency results, sub-results, and indicators as appropriate. They were also encouraged to add any important program outcomes that were not necessarily stated in the agency-wide plan. Meetings facilitated by the outside consultant were held with each program individually over the course of approximately eight months until program plans were finalized.

Results

The participatory evaluation design used with this agency resulted in an overall agency outcome plan (see appendix 1), as well as, associated logic model evaluation plans for each of the Family Tree's four core service strategies (see appendix 2). The first draft of the agency-wide plan included two main result statements, eight sub-result statements, and twenty-two indicators. After the program logic models were developed and linked to the agency-wide plan, the two main results remained, but only five sub-result statements and nine indicators were included. Essentially the program models were used to verify the original outcomes selected by the agency.

Some of the original language used in the agency-wide plan was also changed. For example, the term "sub-result" was changed to "principal" to more accurately describe the statements as values. In addition, the term "indicator" in the agency level plan was changed to "program outcome", since all of the individual programs had insightfully adopted the language from select sub-result statements as their client outcomes. Throughout the process, participants were encouraged to consider all of the outcome plans developed as dynamic and flexible with each new program year a test of their validity.

Lessons Learned

Changing Mindset

Throughout the course of this experience many things were learned. First and foremost is the fact that encouraging an organization to embrace evaluation means changing the mindset of "business as usual". As people who work in human service agencies know, when faced with the overwhelming task of making a difference with little resources, the tendency is to move from task to task without taking the time to look at the big picture. The first barrier to overcome was to let staff know that their investment of time and effort was going to be worthwhile. In this case, the support from top administrators was a key to making this happen.

In addition, when the outside consultant was first hired, many of The Family Tree staff felt that it was this person's responsibility to evaluate their programs. Of course, with this notion came the fear that she was really the axe-wielding auditor who would most assuredly say each and every staff person should be fired and replaced. It has taken a great deal of time to break down this myth and to show the agency staff that they are the evaluators of their service. This individual empowerment was a direct result of using the participatory approach.

Selection of Stakeholders

Although encouraged to include stakeholders from various target groups such as the agency's Board of Directors, consumers, and funding agencies, the administration of The Family Tree chose to only use staff as participants in the outcome setting process. With this came various pros and cons. The pros were:

1) that staff were able to build some camaraderie around their vision for the agency,

2) that the outcome setting group was small enough to work efficiently, and

3) that a strong rapport was built between the staff and the consultant.

Cons to this approach included:

1) the lack of outside perspective, and

2) the low level of awareness about the process by the agency's Board of Directors.

It is expected that future steps for the agency will include educating the organizations' many stakeholders on the outcome plan and encouraging feedback.

Flexibility of Approach

For this process it was important for the consultant to consider various approaches to outcome planning during the course of work with the agency. The initial use of the Results-based Accountability model was advantageous to determining the agency's overall outcome model. It provided enough adaptability that it supported the development of the larger, overarching results, while supplying enough guidance to support the identification of indicators and measurement tools. When moving to the development of the individual program models however, it became important to communicate the theory behind the program as well as its outcomes and measurement tools. This supported the use of the logic model approach, and came coincidentally on the heels of a request from the United Way of Central Maryland for outcome plans of The Family Tree's services. Overall, it was imperative for the consultant to stay informed of the trends happening in the field, as well as, recognizing the pressures on the agency from the outside.

Support of Implementation

Not surprisingly, it is in the implementation that the successfulness of all plans is revealed. With staff just becoming supportive of evaluation, came the difficulty of

making the outcome plan a reality. From ordering the measurement tools to organizing the gathered data, staff with little time available, were asked to take on additional responsibilities. It has been imperative that the consultant be available to support staff around how to make the implementation work. This experience supports the notion of "sustained interactivity" between evaluator and practitioner presented as a cornerstone of participatory evaluation (Cousins & Whitmore, 1999). This idea encourages the continuation of the relationship between evaluator and practitioner throughout the evaluation process.

Feedback is Essential

When the chips are down, it is the effort of making the information collected useful that creates the plan's sustainability. Following the first quarter of data collection for one of the programs, the consultant analyzed the data collected and reported on the results at a program staff meeting. A dialogue on the interpretation of the results ensued and program staff were able to incorporate their new knowledge into their service delivery. One specific result of this process was the inclusion of a video to support the parenting skill of empathy in one of the program's 12 training sessions. For the first time, staff were able to reap the benefits of their long commitment.

Discussion

Over the span of eighteen months, the culture of The Family Tree has changed enormously. In addition to hiring a new Executive Director, they have transformed from being a service delivery organization to a learning organization. An article written by Heather Weiss and William Morrill (1998) discusses learning organizations as those, "that have worked to apply a learning model" (p.4). This model includes:

1) identifying stakeholders to develop a plan,

2) learning from experience and relevant research,

3) engaging in monitoring and evaluation,

4) learning from evaluation, and

5) transferring lessons learned into program improvement.

The initial intention of the agency's directors in deciding to pursue outcome measurement was to meet the demands put on them from their funding agencies. What has resulted however, is the creation of an organization made up of staff who are no longer afraid to ask questions about their impact. The organization has also made a commitment to program evaluation by continuing to allocate more and more financial and staff resources to the effort. It is hoped that this is the beginning of a life long process of program evaluation and program improvement.

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Appendix 1:

The Family Tree: Outcomes Matrix 1999-2000

AGENCY RESULT	PRINCIPAL	PROGRAM OUTCOME	IDENTIFIED PROGRAM
I. Families who do not abuse or neglect their children.	A. Parents/Caregivers value themselves and their children	1. Participants use social and community resources.	1. PPP, PATH
		2. Participants have an understanding of and use positive parenting techniques.	2. PANDA HB&SB; PPP; PATH; PA
		3. Participants identify and pursue goals for personal growth and development.	3. PANDA HB; PATH; PA
	B. Parents/Caregivers meet basic standards of safety and care for their children.	1. Participants have knowledge of basic standards of safety and care for their children.	1. PPP
		2. Participants do not abuse or neglect their children.	2. PANDA HB; PPP; PATH; PA

Updated: 5/25/99

AGENCY RESULT	PRINCIPAL	PROGRAM OUTCOME	IDENTIFIED PROGRAM
II. Strong and Nurturing Families.	A. Families promote non-violence and self worth.	1. Participants demonstrate and promote positive self awareness.	1. PANDA HB&SB; PPP; PATH
	B. Families communicate effectively.	1. Participants demonstrate ability to problem solve, resolve conflicts, and manage anger. 2. Participants are able to identify and express emotions.	1. PA 2. PA
	C. Parents have the tools to be self sufficient.	1. Participants access and effectively use a support system of family and friends.	2. PPP; PA

PANDA OUTCOME DIAGRAM

INPUTS*	ACTIVITIES	OUTPUTS
Director (1): full time Program Managers (3) full-time Asst. Program Manager (2) full-time Admin. Asst (2) Full-time & part-time Volunteers - Baltimore City (80): min. 1 hr per week Volunteers - PG County (40-45): min. 1 hr per week Volunteers - Young Fathers Program Balt. City Advisory Council (8): 2 hrs/mo. PG. County Development Council (10): 2hrs/month Interns (varies) Funding Baltimore City - PANDA $; Young Fathers Program $ Funding PG County - $138,000 Meeting Space Donated: Baltimore City - University of Baltimore PG. County - County LibrariesHome-based Project: (Balt. City & PG Co.)	Home-based project: Baltimore City & PG Co. a. weekly volunteer visits 1x /week btwn teen parent & volunteer b. monthly support group for teen parents c. annual retreat - intensive weekend workshop d. seasonal celebrations e. weekly parent education & support group (May 1999) f. pre employment workshop • Target Population: pregnant and parenting adolescents age 12-19	# of pregnant and parenting teens who receive home-based visits # of pregnant and parenting teens who attend monthly support groups # & % of those who attend annual retreat % who attend pre employment workshop
	School-based Project: Baltimore City a. weekly parent support group • Target Population: pregnant and parenting adolescents age 12 –19 attending identified schools	# of pregnant and parenting teens who attend weekly support group
	Young Fathers Program a. monthly support and education groups b. school based weekly support group • Target Population: male parents age 16-25	# of young fathers who participate in monthly support groups # of young fathers who participate in school based support groups

* for entire PANDA program

Updated: 3/31/99

HOME BASED PROJECT OUTCOMES	INDICATORS	MEASUREMENT TOOL	MEASUREMENT INTERVAL	STAFF & TIMELINE
1. Participants** have an understanding of positive parenting techniques. ** participants are those who have had at least 12 home visits	% of participants who identify participation in meaningful & appropriate activities with children as a goal every 12 visits	a. family goal sheet	a. initial visit & every 12 visits	Mentors will turn in data on clients monthly. Administrative Staff will organize data, score AAPI's, and turn over to identified evaluation person quarterly.
	% of participants who score average or above on the developmental expectations subscale of the AAPI every 12 visits	a. AAPI	a. initial visit & then every 12 visits	
	% of participants who report not abusing or neglecting their children at each visit	a. mentor contact form	a. at each visit	
	% of participants who model non-abusive, caring interaction at each home visit	a. mentor contact form	a. at each visit	
	% of participants who score average or above on the empathy subscale of the AAPI every 12 visits	a. AAPI	a. initial visit & then every 12 visits	
	% of participants who improve their score on the AAPI every 12 visits	a. AAPI	a. initial visit & then every 12 visits	
2. Participants identify and pursue goals for personal growth & development.	% of participants who identify education/employment goal within 12 visits	a. family goal sheet	a. initial visit & every 12 visits	
	% of those who are enrolled in education or employment program	a. mentor contact form	a. at each visit	
	% of participants who meet education/employment goals within 1 year of entry	a. family goal sheet	a. initial visit &every 12 visits	
	% of participants who meet basic needs goals within 12 visits	a. family goal sheet	a. initial visit & every 12 visits	
	% of those who report use of birth control or abstinence	a. mentor contact form	a. at each visit	
	% of those who do not have a repeat pregnancy	a. mentor contact form	a. at each visit	
3. Participants demonstrate and promote positive self awareness.	% of participants who improve their score on the Rosenberg self esteem scale every 12 visits	a. Rosenberg Scale	a. initial visit and every 12 visits	
	% of participants identified as improving their self awareness by mentor every 12 visits	b. mentor contact form	b. at each visit	

SCHOOL BASED PROJECT OUTCOMES	INDICATORS	MEASUREMENT TOOL	MEASUREMENT INTERVAL	STAFF AND TIMELINE
1. Participants*** have an understanding of positive parenting techniques.	% of participants who score average or above on the developmental expectations subscale of the AAPI at each test administration % of participants who score average or above on the empathy subscale of the AAPI at each test administration % of participants who improve their score on the AAPI from pre to post test	a. AAPI a. AAPI a. AAPI	Northwestern: Sept., Jan, April/May * for those who enroll during the year…they will receive a pre test w/in 2 weeks of program entry Paquin: first and last focus group session (approximately 12 weeks)	Staff will administer data at each test interval, score the AAPI, and turn over to identified evaluation person within 4 weeks.
2. Participants demonstrate and promote positive self awareness.	% of participants who improve their score on the Rosenberg Self Esteem Scale	a. Rosenberg Scale	Northwestern: Sept., Jan, April/May * for those who enroll during the year…they will receive a pre test w/in 2 weeks of program entry Paquin: first and last focus group session (approximately 12 weeks)	

*** participants are defined as those who have attended at least 4 meetings within a 2 month period

POSITIVE PARENTING CLASSES OUTCOME DIAGRAM

INPUTS	ACTIVITIES	OUTPUTS
Director (1): full time Program Managers (1) – Anne Arundel Co. full-time Program Managers (1) – Harford Co. full-time Program Managers (1) – Baltimore City full-time Volunteers: Anne Arundel (4) – 4 hrs /week Volunteers: Harford Co. (10) – 2 hrs/week Volunteers: Baltimore City (9) – 16 hrs /week Funding Anne Arundel - Local Management Board ; DHR Funding Baltimore City - Dept. of Human Resources Funding Harford Co. - Dept. of Human Resources Meeting space donated Snack donated	Positive Parenting classes held 2 hrs each week for 12 weeks. • Target population is " adults who are experiencing stress-related issues due to child abuse/neglect, divorce, custody, visitation and child support."	# of parents who attend PPP classes

* participants are defined as those who attend 8 out of 12 classes
** new tool being piloted 1998-99

POSITIVE PARENTING PROJECT OUTCOMES	INDICATORS	MEASUREMENT TOOL	MEASUREMENT INTERVAL	STAFF & TIMELINE
1. Participants* use social and community resources.	% participants who report 10 or more contacts with social & community resource agencies within past month	a. personal network matrix	a. 1st class & 12th class	Program Managers will implement all data collection. They will score AAPI's, Rosenbergs, & the personal network matrix and send to identified evaluation person within 2 weeks. Pre test: intake form; AAPI; personal network matrix; & Rosenberg scale. **6th class – please administer the pilot Family Tree Tool (send as soon as possible) Post test: AAPI; personal network matrix; Rosenberg & class attendance sheet.
2. Participants use positive parenting techniques.	% of participants who improve their score on the AAPI from pre to post test	a. AAPI/new tool**	a. 1st class & 12th class	
	% of participants who score average or above on the empathy, discipline, developmental expectations, & family roles subscales of the AAPI at post test	a. AAPI	a. 1st class & 12th class	
	% of participants who report creating family time to interact with their children.	a. new tool	a. 1st class & 12th class	
3. Participants have access to and effectively use a support system of family and friends.	% of participants who report 10 or more contacts with family or significant others within past month	a. personal network matrix	a. 1st class & 12th class	
4. Participants know basic standards of safety and care for their children.	% of participants who score ?? on subscale of new tool	a. new tool	a. 1st class & 12th class	
5. Participants do not abuse or neglect their children.	% of participants who have not had a substantiated report made to CPS	a. DSS data	a. end of fiscal year	
6. Participants demonstrate and promote positive self awareness.	% of participants who improve their score on the Rosenberg Self Esteem scale	a. Rosenberg Self Esteem Scale	a. 1st class & 12th class	
	% of participants who are able to identify and express emotions and manage anger according to the new tool	a. new tool	a. 1st class & 12th class	

PATH OUTCOME DIAGRAM

INPUTS	ACTIVITIES	OUTPUTS
Director (1): full time (% of dedicated time) Program Managers (2) full-time Program Coordinator (1): part time Volunteers: 1 student intern Funding Anne Arundel - Local Management Board ; DHR Funding Baltimore City - Dept. of Human Resources Funding Harford Co. - Dept. of Human Resources & Private funders	Home Visitation Sessions & Case Management • Target population is "PPP participants with children under the age of 12 who do not use substances and who are not mentally ill".	# of parents who are enrolled in PATH # of home visits made % who complete at least 8 visits

PATH OUTCOME	INDICATORS	MEASUREMENT TOOL	MEASUREMENT INTERVAL	STAFF AND TIMELINE
1. Participants* use social and community resources.	% of participants who report 10 or more contacts with social & community resource agencies within past month % of participants who achieve social and community goals	a. personal network matrix b. family action plan	a. ^^ &every 8 visits + a. at each visit ++	1.Program Managers will receive data from volunteers within 3 weeks of data collection (measurement interval). 2.Program managers will then score the AAPI, Rosenberg, & Personal Network Matrix. 3.Program Managers will forward data to identified evaluation person quarterly (Sept. 15, Dec.15, Mar.15, June 15) Customer Satisfaction Surveys will be implemented at the end of the PATH component (last visit) and sent in with last packet.
2. Participants use positive parenting techniques.	% of participants who improve their scores on the AAPI from pre to post test % of participants who score average or above on the subscales of the AAPI at post test	a. AAPI/new tool** a. AAPI	a. ^^ & last visit a. ^^ & last visit	
3. Participants identify goals for personal growth and development.	% of participants who meet positive parenting, stress management, family relationship, and child safety goals	a. family action plan	a. at each visit ++	
4. Participants do not abuse or neglect their children.	% of participants who have not had a substantiated report made to CPS in past year	a. DSS Data	a. end of fiscal year	
5. Participants demonstrate and promote positive self awareness.	% of participants who improve their scores on the Rosenberg Scale	a. Rosenberg Self Esteem Scale	a. ^^ & every 8 visits +	

* participants are defined as those who have participated in at least 8 home visits.

** new tool being piloted 1998-99

^ DSS data will be collected agency-wide.

^^ for those enrolled in PPP & PATH - if it has been less than 8 weeks since PPP participation, then baseline is not needed. If PATH only – then an initial evaluation should be done at first visit.

+ administer tool at last visit if it has been more than 4 visits since last assessment (ie: visit 20+)

++ goals are addressed at each visit but will only be analyzed at 8 visit intervals

Updated 9/2/99

PARENTS ANONYMOUS OUTCOME DIAGRAM

INPUTS	ACTIVITIES	OUTPUTS
Parents Anonymous Program Staff (2) - full- time Children's Program Staff (1) - full-time Parents Anonymous Volunteers (50) - 2 hrs support group per week & 2 hrs phone support per month Children's Program Volunteers (20) - 2 hrs per week Funding: Dept. of Human Resources & National Parents Anonymous 64 Donated meeting rooms	Parents Anonymous Support Groups held 2 hours each week - ongoing • Target population is "parents under stress, at-risk of abusing their children, in isolation and in need of a support system". Children's Program - education program offered while parents attend PA group (available at 10-15 sites) • Target population is children of parents who participate in PA.	# of parents who attend parents anonymous support group sessions # of children who attend children's program

PARENTS ANONYMOUS OUTCOMES	INDICATOR	MEASUREMENT TOOL^	MEASUREMENT INTERVAL	STAFF AND TIMELINE
1. Participants* use social and community resources.	% of participants who have at least 1 or 2 contacts w/ social /community resources	a. personal network matrix	a. October and April	Support Group Facilitators will turn data into Program Manager within 3 weeks of data collection. Data will then be turned in to identified evaluation staff person.
2. Participants use positive parenting techniques.	% of participants who score?? on the ?? subscale of the new tool	a. new tool**	"	
3. Participants identify and pursue goals for personal growth and development.	"	"	"	
4. Participants do not abuse or neglect their children. ***	% of participants who do not have a substantiated child abuse report	a. DSS data	a. end of fiscal year	
5. Participants demonstrate ability to problem solve, resolve conflicts, and manage anger.	% of participants who score?? on the ?? subscale of the new tool	a. new tool	a. October and April	
6. Participants are able to identify and express emotions.	"	"	"	
7. Participants have access to and effectively use a support system of family and friends.	% of participants who have at least one or two contacts with friends and family in past month	a. personal network matrix	"	

*participants are defined as those who have attended at least 3 months, ** new tool being piloted 1998-99, *** this outcome is for those enrolled in both PPP and PA, ^ volunteers will administer all measurement tools. DSS data will be collected agency-wide. Updated 5/13/99